ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			9-16
O.I.P.E. CLASSIFIER		5	7-26-10
FORMALITY REVIEW			10/29/10
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ ..... Rejected
= ..... Allowed
— (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

Claim		Date									
Final	Original	9/16	11/10	✓							
✓	1	✓	✓	10/29/10							
	2										
	3										
	4										
	5										
	6										
7	7										
	8										
	9										
10	10										
	11		=	=							
	12										
13	13		✓	✓							
	14										
	15										
	16		✓	✓							
17	17										
	18										
19	19		=	=							
20	20		=	=							
21	21	9/16	=	=							
	22										
	23										
	24										
	25										
	26										
	27										
	28										
	29										
	30										
	31										
	32										
	33										
	34										
	35										
	36										
	37										
	38										
	39										
	40										
	41										
	42										
	43										
	44										
	45										
	46										
	47										
	48										
	49										
	50										

Claim		Date									
Final	Original										
	51										
	52										
	53										
	54										
	55										
	56										
	57										
	58										
	59										
	60										
	61										
	62										
	63										
	64										
	65										
	66										
	67										
	68										
	69										
	70										
	71										
	72										
	73										
	74										
	75										
	76										
	77										
	78										
	79										
	80										
	81										
	82										
	83										
	84										
	85										
	86										
	87										
	88										
	89										
	90										
	91										
	92										
	93										
	94										
	95										
	96										
	97										
	98										
	99										
	100										

Claim		Date									
Final	Original										
	101										
	102										
	103										
	104										
	105										
	106										
	107										
	108										
	109										
	110										
	111										
	112										
	113										
	114										
	115										
	116										
	117										
	118										
	119										
	120										
	121										
	122										
	123										
	124										
	125										
	126										
	127										
	128										
	129										
	130										
	131										
	132										
	133										
	134										
	135										
	136										
	137										
	138										
	139										
	140										
	141										
	142										
	143										
	144										
	145										
	146										
	147										
	148										
	149										
	150										

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)